

FAX REFERRAL FORM

Provider/Practice/ Community Org*					
Address*		Street and Number		Suite	
Phone Number*	()	City -		State Zip Code	
Fax Number	Area Code Area Code	Number Exte	ension		
IIPAA-Covered Entity?*	☐ Yes	☐ No ☐ I Don't I	Know (please check one	3)	
Patient Information Name*					
Address*		Street and Number		Apt.	
		City	S	State Zip Code	
Primary Phone No.*	()	<u>-</u>	Type:	Home	
Secondary Phone No.	Area Code Area Code		ension	Home Work Cell Othe	
Best Call Time?	Weekdays: [Weekends: [6am-9am 9am-12		☐ 3pm-6pm ☐ 6pm-9pm ☐ 6pm-9pm	
No	Preference:		zpiii [_] izpiii-3piii	abiii-obiii obiii-abiii	
☐ I DO NOT give my perm	nission to the <mark>Ve</mark>	rmont Quit Network to lea	ave a message when	contacting me.	
Language Preference?			English	, Spanish, Other	
	d that this infor			r about my progress in attempting to completed and my smoking status	
			 Date		



every try counts

1-800-QUIT-NOW (784-8669) vtquitnetwork.org VERMONT DEPARTMENT OF HEALTH

The Vermont Department of Health funds an in-person Vermont Quit Network program in every hospital in the state. This program provides a local contact for quit coaching through group classes in your community.

Please use the contact information below to fax this referral directly to the local program.

Brattleboro Memorial Hospital 802-257-8309	North Country Hospital Community Health 802-334-3281
Central Vermont Medical Center 802-371-4967	Northwestern Medical Center 802-524-1216
Copley Hospital 802-888-8647	Northeastern Vermont Regional Hospital 802-748-8988
Department of Veterans Affairs 802-296-6389	Porter Medical Center 802-388-8858
Fletcher Allen Health Care 802-847-8049	Rutland Regional Medical Center 802-747-6281
Gifford Medical Center 802-728-2625	Southwestern Vermont Health Care 802-447-5546
Grace Cottage Hospital 802-365-3676	Springfield Hospital 802-885-7678
Mt. Ascutney Hospital 802-674-7155	